

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2012
FORM APPROVED
OMB NO 0938-0391

45th 12/30/12

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY
COMPLETED

NAME OF PROVIDER OR SUPPLIER

FORT SANDERS TCU

STREET ADDRESS, CITY, STATE, ZIP CODE

1901 CLINCH AVE

KNOXVILLE, TN 37916

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 051 NFPA 101 LIFE SAFETY CODE STANDARD
SS D

A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

K 051

- A new 8 flow fire suppression system will be installed in the existing kitchen hood to protect the tilt skillet.

12/28/12

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to protect cooking appliances.

The findings include:

Observation on November 14, 2012 at 11:20 a.m. revealed that the tilt skillet in the kitchen did not have an extinguishing agent placed over the appliance.

Kate A. [Signature] CAD 30 NOV 12

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445328	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2012
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NAME OF PROVIDER OR SUPPLIER

FORT SANDERS TCU

STREET ADDRESS, CITY, STATE, ZIP CODE

1901 CLUNCH AVE
KNOXVILLE, TN 37916

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 051	Continued From page 1 This finding was verified by the Director of Facility Services and acknowledged by the administrator during the exit conference on November 14, 2012.	K 051		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation, the facility failed to have the fire alarm components installed and working properly. The findings include: Observation on November 14, 2012 at 2:00p.m. revealed during the fire drill that the strobe lights were not in synchronization. This finding was verified by the Director of Facility Services and acknowledged by the administrator during the exit conference on November 14, 2012.	K 069	The older style strobe lights located in the hallways of the TCU facility will be replaced with new technology strobe lights that will be synchronized. This will be monitored by the Safety Officer at the time of all fire drills on TCU.	12/28/12